## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Citizens 4 Ethics in Government	C C00524082
	0 000324002
Check If 24-hour report X 48-hour report New report Amends report filed on	
Full Name (Last, First, Middle Initial) of Payee	Date
Right Way Marketing	M M / D D / Y Y Y
Mailing Address 354 Shadowtown Rd.	07 30 2012
5 OO4 OHAGOWOWN NG.	Amount
Suite 205 City State Zip Code	
Blountville TN 37617	9598.02
Districts of Expanditure	ransaction ID : SE.4150 Sought: House State: TN
Robo Calls/Push  Category/ Type	Senate District: 06
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	o One: Support X Oppose
187080 52 2012	rsement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
	M M / D D / Y Y Y Y
Mailing Address	
	Amount
City State Zip Code	
	7 7
Purpose of Expenditure Category/ Office	Sought: House State:
Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Check	One: Support Oppose
Dishu	rsement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	9598.02
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	9598.02
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political	
party committee) any political party committee or its agent.	
Michael Leisey	M / D D / Y Y Y Y
[Electronically Filed] Date 07	30 2012
Signature	